

Debtor 1

Anthony Joseph Finamore Jr.
 First Name Middle Name Last Name

FILED
MAIL

Debtor 2

(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of Maryland

2020 MAY 27 PM 1:03

U.S. BANKRUPTCY COURT
DISTRICT OF MARYLAND
BALTIMORE**Form 1340 (12/19)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$4,157.10
Claimant's Name:	Anthony Joseph Finamore Jr.
Claimant's Current Mailing Address, Telephone Number, and Email Address:	12858 Lake View Drive Lusby, MD 20657 443-975-3311 emerica582@gmail.com
Reason Funds Were Not Received by Claimant	Change of address

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation, including separate affidavit, with this application.

4. Notice to United States Attorney

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

U.S. Attorney for the District of Maryland
36 S. Charles Street, 4th Floor
Baltimore, MD 21201

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 5-14-2020

Anthony Joseph Finamore Jr
Signature of Applicant

Anthony Joseph Finamore Jr
Printed Name of Applicant

Address: 12858 Lake View Dr.
Lusby, MD 20657

Telephone: 443-975-3311

Email: america582@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF Maryland

COUNTY OF Calvert

This Application for Unclaimed Funds, dated May 14, 2020 was subscribed and sworn to before me this 14 day of May, 2020 by

Anthony Joseph Finamore, Jr
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

Notary Public Jane Marie Rowley

My commission expires: 10/14/2023

JANE MARIE ROWLEY
Notary Public-Maryland
Calvert County
My Commission Expires

OCT 14, 2023

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public _____

My commission expires: _____